

**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF CORRECTIONS  
DIVISION OF ADMINISTRATION**

**P.O. BOX 1806  
CONCORD, NH 03302-1806**

**603-271-5610 FAX: 603-271-5639  
TDD Access: 1-800-735-2964**

**William L. Wrenn  
Commissioner**

**Bob Mullen  
Director**

Date Issued: May 26, 2006

**Request for Proposals (RFP), Terms and Conditions**

Re: RFP Title – Sprinkler System Services  
RFP Number - *NHDOC 06-17-GFMAINT*  
Proposal Closing Date: 6-16-06

It is the mission of the New Hampshire Department of Corrections: To enhance public safety for the citizens of the State of New Hampshire; to provide effective custody and control, correctional treatment, and rehabilitation of offenders throughout the correctional system including probation, incarceration, and parole; to provide a safe and rewarding work environment for all employees including the opportunity for personal and professional growth and development.

This mission is supported through contracts with non-profit corporations; public corporations; public agencies (agency or department of municipal, county or state government); or by private proprietorships, partnerships, or corporations; or a consortium of public, non-profit, and private entities, that are awarded contracts through the State of New Hampshire Request for Proposals (RFP) process.

**1. Brief Description:**

Attached is a Request for Proposals (RFP) and contract format for the provision of Inspection, testing and repair for sprinkler systems for scheduled and non scheduled work to include but not limited to: inspection, testing and repair the Sprinkler Protection Equipment which includes sprinkler inspections, both wet and dry, deluge valve testing all electronics and mechanical switches (such as tampers, flow and other monitoring switches) strand pipe hose station, fire hydrants, yearly and five (5) year test and water tanks. These services are to be provided to the locations specified in Exhibit A.

**2. Proposal Inquiries:**

- 2.1. All inquiries concerning this Request for Proposals shall be made in writing, citing the RFP Title, RFP Number, Page, Section, and Paragraph, and submitted to:

NH Dept. of Corrections Headquarters  
Administrator of Services  
PO Box 14  
Concord, NH 03302-1806  
Tel: (603) 271-1888  
Fax: (603) 271-6867  
[dandrews@nhdoc.state.nh.us](mailto:dandrews@nhdoc.state.nh.us)

- 2.2. An individual who will provide or is authorized to commit the organization to provide the services necessary to meet the requirements of this RFP must submit all inquiries.
- 2.3. Inquiries must be received no later **June 7, 2006**.
- 2.4. Answers to all written inquiries received will be posted on the NHDOC website: <http://webster.state.nh.us/nhdoc/rfp.html>, on or prior to **June 9, 2006**.

3. Specifications:

Vendors must submit proposals as specified. Any changes to the proposal specification will be posted on the NHDOC website: <http://webster.state.nh.us/nhdoc/rfp.html>, for all Vendors. Verbal agreements or instructions from any source are not authorized by the NHDOC.

4. Proposal Submissions

- 4.1. Submit **three (3) original** complete proposals signed in **blue ink**. These original copies must be typed or clearly printed in **black ink**. Corrections must be initialed.
- 4.2. Proposals that are not complete or unsigned will be considered "technically non-compliant".
- 4.3. Any proposal received after the deadline will be considered "technically non-responsive" and the Vendor will be so notified by the NH Department of Corrections and the proposal will be sent back to the Vendor unopened.
- 4.4. Do not staple any part of your proposals. Only use paper clips or binder clips to secure and separate your proposal(s).
- 4.5. Proposals must be **sealed** or they will not be accepted.
- 4.6. The Contract/Grant Administrator, PO BOX 1806, CONCORD, NH, 03302-1806, must receive all proposals no later than 2:00pm on the closing date of this RFP/RFB. Proposals may be hand delivered to room 324 of the NH Hospital Main Building, NH Department of Corrections Division of Administration, 105 Pleasant Street, Concord, NH, 03301.

5. Cancellation:

The NH Department of Corrections reserves the right to accept or reject any or all proposals and to cancel this RFP in whole or in part upon written or published notice of intent to do so. Financial responsibility for preparation of proposals is the sole responsibility of the Vendor.

6. Financial Commitment

Financial commitment by the NH Department of Corrections will not occur until such time as the Governor and the Executive Council of the State of New Hampshire approve a contract.

7. Rejection of Proposals:

- 7.1 A Vendor's proposal may be rejected at any time if the Vendor:
  - 7.1.1. has any interest that may, in the sole discretion of NHDOC, conflict with performance of services for the State;
  - 7.1.2. fails to demonstrate to the satisfaction of NHDOC that it is in sound financial condition;
  - 7.1.3. fails to make an oral presentation requested by NHDOC at a time, place, and in a manner satisfactory to NHDOC; and
  - 7.1.4. fails to reach agreement with NHDOC on all Contract terms.

8. Other Remedies for Technically Non-Compliant/Non –Responsive Proposals:

- 8.1. The NHDOC, in its sole discretion, may determine that non-compliance with any RFP requirement is insubstantial. In such cases the NHDOC may:
  - 8.1.1. seek clarification;
  - 8.1.2. allow the Vendor to make minor corrections; or
  - 8.1.3. apply a combination of the two remedies.

9. Addendum(s) and/or Amendment(s) to, or Withdrawal of the RFP:

If NHDOC decides to amend or clarify any part of this RFP, a written amendment will be provided to all prospective Vendors on the NH Dept. of Corrections website: <http://webster.state.nh.us/nhd/doc/rfp.html>. NHDOC, at its discretion, may amend the RFP at any time prior to the deadline for submission of proposals and terminate this procurement in whole or in part at any time. This RFP does not commit NHDOC or the State to pay any costs incurred in preparing a proposal.

10. Proposal Submission:

Prospective Vendors shall comply with instructions as specified in the Proposal Submission Instructions and ensure **sealed** offers are received by the NH Department of Corrections' identified by the Vendor on the Coversheet.

11. Competition:

The NH Department of Corrections encourages free and open competition among Vendors. Specifications, proposals, and conditions are designed to accomplish this objective, consistent with the NHDOC's needs and guidelines.

12. Collusion:

The Vendor's signature on a proposal submitted in response to this RFP guarantees that the prices quoted have been established without collusion with other eligible Vendors and without effort to preclude the State of New Hampshire from obtaining the best possible competitive proposal.

13. Disclosure of Sealed Proposal:

A Vendor's disclosure or distribution of proposals other than to the NHDOC will be grounds for disqualification.

14. More than One Submission

If submitting proposals for more than one NHDOC location, submit each different proposal in the same fashion as indicated herein. Proposals that are not complete or unsigned will not be considered. Any proposal received after the deadline will be considered "technically non-responsive" and the Vendor will be so notified by the NH Department of Corrections. Do not submit only one proposal for all locations, this proposal will not be accepted and will be returned to the Vendor as technically non-responsive/non-compliant. Each location needs its own separate proposal submitted in the same manner as listed in section 5 of RFP Terms and Conditions

15. Document Alterations/Changes/Omissions

It is unlawful to make any alteration(s) to the text or format of this document, or the text or format of any addendum or attachment to this document. A signature of the person authorized to legally bind the Vendor to the terms of this Request for Proposals on the Cover Sheet signifies that no alterations have been made to the original text or format of this Request for Proposals. Any alterations made to the original text of this document may result in your proposal being considered technically non-compliant.

16. Evaluation Criteria/Procedural

- 16.1 The proposal shall be subject to a procedural review by the Contract Administrator prior to any other evaluation reviews to ensure the Proposal(s) submitted:
- 16.1.1. conform in form and format to the instructions contained within the RFP;
  - 16.1.2. is complete;
  - 16.1.3. is properly executed; and
  - 16.1.4. contains all required supporting documentation.

17. Terms of Submission:

All material received in response to this RFP shall become the property of the NHDOC and will not be returned to the Vendor. Regardless of the Vendor(s) selected, the NHDOC reserves the right to use any information presented in a proposal. The content of each Vendor's proposal(s) shall become public information once a contract has been awarded and approved by the Governor and Executive Council of the State of New Hampshire.

18. Vendor Responsibility:

The successful Vendor shall be solely responsible for meeting all terms and conditions specified in the RFP, their proposal, and any resulting contract.

19. Evaluation and Award of Contract:

- 19.1. The New Hampshire Department of Corrections has approved this Request for Proposals (RFP) for issue.
- 19.2. The RFP process is a procurement option allowing the NHDOC to award a contract based upon the evaluation criteria established by the NHDOC.
- 19.3. Upon review by New Hampshire Department of Corrections and approval by the Governor and Council, the signed contract shall become valid.
- 19.4. NHDOC, may upon determining that no satisfactory applications have been received for these services, negotiate with a successful applicant for a related service to include this particular service as part of the service package, and/or issue another Request for Proposals for this particular service.

20. Liability:

The NHDOC shall not be held liable for any costs incurred by the Vendor in the preparation of their proposal, or for work performed prior to contract issuance.

21. Best Interest of the State

If NHDOC determines it is in the best interest of the State, it may seek a “*BEST AND FINAL OFFER*” from Vendors submitting acceptable and /or potentially acceptable proposals. The “*BEST AND FINAL OFFER*” would provide a Vendor the opportunity to amend or change its original proposal to make it more acceptable to the State. NHDOC reserves the right to exercise this option.

22. Proposal Review and Evaluation Criteria:

- 22.1. NHDOC will conduct an objective review of proposals received in response to this RFP process.
- 22.2. The evaluation will be based on the demonstrated capabilities of the prospective Vendor in relation to the needs of the services to be provided as set forth in this RFP.
- 22.3. The NHDOC will award contract(s) based on the calculation of total cost of services.
- 22.4. The NHDOC reserves the right to accept or reject any submitted proposal, and to waive any minor irregularities in any submitted proposal.

23. Special Notes:

- 23.1. The NH Department of Corrections reserves the right to accept or reject any or all proposals and to cancel this RFP in whole or in part upon written or published notice of intent to do so.
- 23.2. Financial responsibility for preparation of proposals is the sole responsibility of the Vendor.
- 23.3. The solicitation of the Request for Proposals shall not commit the NHDOC to award a contract.
- 23.4. Financial commitment by the NH Department of Corrections will not occur until such time as the Governor and the Executive Council of the State of New Hampshire approve a contract.
- 23.5. The headings of the sections of this RFP are for convenience only and shall not affect the interpretation of any section.

24. Schedule of Events (Timetable)

24.1. Table

Event #	Description of Event	Date of Event
1.	RFP Issued	5/19/2006
2.	Written Inquiries Due	6/7/2006
3.	Proposals Due	6/16/2006
6.	Best & Final Offer	if necessary
7.	Contract Finalization	Jun-06
8.	Approval by the Governor and Executive Council	June-July/2006
9.	Start Services	Jul-06

Note: The NH Department of Corrections reserves the right to modify this above schedule of events at any time.

25. Insufficient Response:

NHDOC, may upon determining that no satisfactory applications have been received for these services, negotiate with a successful applicant for a related service to include this particular service as part of the service package, and/or reissue an RFP for this particular service.

## Proposal Cover Sheet Instructions

Page 1 of 1

### Responding to RFP Number

Please indicate which RFP your organization is responding to. The RFP Title and Number can be found on the first page of this document. Submit a separate proposal for each location. Do not submit one proposal for multiple locations.

### Total Cost:

From Exhibit B, section 5., item 5.2. Equals the Total Cost. **(For NH DOC Use Only)**

### Vendor:

Organization name as it appears on the Certification provided by NH Secretary of State.

Note: In order to obtain the Certificate, write directly to the Secretary of State, Corporate Division, State House Room 204, 107 North Main Street, Concord, NH 03301-4989. Requests must include the complete name of the company as it is registered with the Office of the Secretary of State and a check for \$5.00 made payable to the State of New Hampshire. In the event that you need to expedite the request, you may fax the request to 603-271-3247 or go in person to request a copy and you will be billed \$30.00 for the expedited service. Include your mailing address, corresponding check number, and telephone and fax numbers. You will receive a fax of the Certificate in addition to a mailed copy.

### Address:

Address as identified on Alternate W-9 and actual location(s) of Vendor business. Not a PO Box number.

### Signature/Initials:

Person authorized to legally bind the Vendor to the terms of this application and a Standard State Contract (P-37) must sign and initial this line.

### Date:

Date the document is signed.

### Title:

Title of the officer authorized by the organization to sign the contract.

### Type or Print Name Signed Above:

Typewritten name of the Officer granted authorization by the organization to enter into a binding agreement and responsible for the implementation of the service.

### Contact Person:

Name of a representative responsible to service this contract.

### Telephone:

Telephone number of the Contact Person.

### Email:

Email address of the Contact Person.

### Fax:

Number where a fax can reach the Contact Person.

Proposal Cover Sheet  
Page 1 of 1

**PROPOSAL FOR:**

Attached is a Request for Proposals (RFP) and contract format for the provision of Inspection, testing and repair for sprinkler systems for scheduled and non scheduled work to include but not limited to: inspection, testing and repair the Sprinkler Protection Equipment which includes sprinkler inspections, both wet and dry, deluge valve testing all electronics and mechanical switches (such as tampers, flow and other monitoring switches) strand pipe hose station, fire hydrants, yearly and five (5) year test and water tanks. These services are to be provided to the locations specified in Exhibit A.

**OFFER:** The undersigned hereby proposes to furnish to the STATE OF NEW HAMPSHIRE, the services as described in the PROPOSAL in accordance with the specifications contained herein.

Responding to RFP Number: NHDOC 06-17-GFMAINT

**TOTAL COST** (Exhibit B, section 5., item 5.2.): \$\_\_\_\_\_ **(For NH DOC Use Only)**

The signer of the Vendor below signifies the assent of the Vendor to all of the terms and conditions of this RFP unless exception is taken, in writing.

VENDOR: \_\_\_\_\_  
Name of Corporation or Respondent

ADDRESS: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City or Town State Zip Code

\_\_\_\_\_  
SIGNATURE INITIALS DATE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PRINT NAME OF SIGNATORY

CONTACT PERSON:  
TELEPHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

FAX: \_\_\_\_\_

## Proposal Check Sheet

Page 1 of 1

### Materials to be Submitted

- Please submit **three (3) original** complete proposals signed in **blue ink**. These original copies must be typed or clearly printed in **black ink**. All corrections must be initialed.
- Proposals that are not complete or unsigned will be considered “technically non-compliant”.
- Any proposal received after the deadline will be considered "technically non-responsive" and the Vendor will be so notified by the NH Department of Corrections and the proposal will be sent back to the Vendor unopened.
- Do not staple any part of your proposals. Only use paper clips or binder clips to secure and separate your proposals.
- Proposals must be **sealed** or they will not be accepted.

If your organization is interested in submitting a proposal, please complete and return the following:

- ☐ Proposal Cover Sheet;
- ☐ Exhibit A – Scope of Services (submit all documentation requested);
- ☐ Exhibit B – Estimated Budget/Method of Payment;
- ☐ Attachment 1 - Rules of Conduct for Persons Providing Contracted Services;
- ☐ Attachment 2 - Administrative Rules;
- ☐ Attachment 3 - Confidentiality of Information Agreement;
- ☐ Attachment 4a, b, or, c - Certificate of Authority (execute and submit only the one that applies);
- ☐ Attachment 5 - Alternate W-9 Form;
- ☐ Attachment 6 - Contract Form P-37;
  - Please fully execute: Items 1.3, 1.4, 1.11, and 1.12, in front of a Notary Public or Justice of the Peace and have them fill out Items 1.13, 1.13.1, and 1.13.2.

Other necessary forms:

- ☐ Certificate: (NOT INCLUDED HEREIN)

In order to obtain a Certificate, write directly to the Secretary of State, Corporate Division, State House Room 204, 107 North Main Street, Concord, NH 03301-4989. Requests must include the complete name of the company as it is registered with the Office of the Secretary of State and a check for \$5.00 made payable to the State of New Hampshire. In the event that you need to expedite the request, you may fax the request to (603) 271-3247 or go in person to request a copy and you will be billed \$30.00 for the expedited service. Include your mailing address, corresponding check number, telephone and fax numbers. You will receive a fax of the Certificate in addition to a mailed copy.
- ☐ Certificate of Insurance Coverage: (NOT INCLUDED HEREIN)

You must contact your Insurance provider and follow their processes to get this form pursuant to section 14 of the State Long Form Contract (P-37). The NH Dept. of Corrections, PO Box 1806, Concord, NH, 03302-1806 must be listed at the certificate holder on the document. Once obtained you may include it with your responding Proposal. If necessary you may have your insurance provider fax the Department of Corrections a copy of the form. Faxes are to be sent to: (603) 271-5639, care of the Contract Administrator.



**Exhibit A**  
**Scope of Services**  
Page 1 of 3

1. Inspection, testing and repair for sprinkler systems for scheduled and non scheduled work for NH Department of Corrections facilities located at:

NH State Prison for Men  
281 North State Street  
Concord NH 03302-0014

North End House  
281 North State Street  
Concord NH 03302-0014

NH DOC Warehouse  
3 McGuire Street  
Concord NH 03302

Northern NH Correctional Facility  
138 East Milan Road  
Berlin NH 03570

Shea Farm House  
Iron Works Road  
Concord NH 03301

NH State Prison Farm  
312 North State Street  
Concord NH 03301

Calumet House  
126 Lowell Street  
Manchester NH 03101

NH State Prison District Office  
312 North State Street  
Concord NH 03301

NH State Prison for Women  
317 Mast Road  
Goffstown NH 03045

Lakes Region Facility  
One Right Way Path  
Laconia NH 03246

- a. Inspect, test and repair the Sprinkler Protection Equipment which includes sprinkler inspections, both wet and dry, deluge valve testing all electronics and mechanical switches (such as tampers, flow and other monitoring switches) strand pipe hose station, fire hydrants, yearly and five (5) year test and water tanks.
2. Methods for all inspection, testing and repairs are to be in complete compliance with NFPA 101, 2003 Edition.

**Exhibit A**  
**Scope of Services**  
Page 2 of 3

3. The contractor shall provide documentation for each day that a service call, inspection or test is made on each component.
  - a. The contractor will include a sample of each chart to be used by the vendor and the NH Department of Corrections for quarterly, semi-annual, and annual inspection and tests of all sprinkler equipment, identify each component, as well as, a valve location sheet.
4. The work as listed above and within this section, shall be in accordance with the State Fire Marshal's Office who shall audit progress on an as needed basis and as reflected in this contract.
5. All operational components of the system must be tested and inspected annually. All visit scheduling will be determined at the discretion of the Department due to Staffing considerations prior to visits.
  - a. Lakes Region Facility (LRF) – On a rotating schedule, 25% of the sprinkler system must be tested and inspected quarterly. This will comply with 100% of the annual test.
  - b. NH State Prison for Men (NHSP/M) – On a rotating schedule, 25% of the fire alarm system must be tested and inspected quarterly. This will comply with 100% of the annual test.
  - c. All other areas will be tested and inspected annually.
6. The contractor must be able to be contacted via telephone twenty-four (24) hours a day, seven days a week.
7. Upon notification of a deficiency the contractor will respond to the affected site within twenty-four (24) hours and complete the repair within forty-eight (48) hours of notification.
  - a. Should the contractor be unable to complete the repair with the forty-eight (48) hour time period, the contractor must request/notify in writing to the facility administration or designee with an explanation for the delay and request postponement of the repair. Examples of valid reasons are:
    - Parts unavailable with explanation why
    - Repair is ongoing and requires additional time to complete

**Exhibit A**  
**Scope of Services**  
Page 3 of 3

b. Written notification must include all pertinent information regarding the delayed repair which includes:

- Specified time period until repair can be completed
  - Systems affected
  - All other pertinent information to justify the request for non-compliance of forty-eight (48) hour provision.
  - Reasons for delay of repair.
8. Upon written explanation from the contractor, the NH Department of Corrections (NHDOC) Safety Officer or designee may approve or request the State Fire Marshall to approve a postponement of the repair for the specified period of time, if the request is duly substantiated.
  9. The NHDOC reserves the right to purchase parts for repairs before the contractor supplies materials.
  10. All used materials remain the property of the NH Department of Corrections.
  11. All work performed by the contractor will be under the supervision of an agency maintenance employee or designee.
  12. The Contractor agrees to comply with all established NH Department of Corrections rules and procedures, whether written or in the form of verbal directions from NHDOC staff.
  13. The Contractor agrees to comply with any recommendations arising from the audits on the performance of this contract, providing they do not require any unreasonable hardship which would normally effect the valve of the contract.
  14. The city where the service is being provided must certify the Contractor to disconnect and reconnect the city box when they are working on the sprinkler system, which will eliminate any charge to the NH Department of Corrections.
  15. Contract period begins July 1, 2006, or, upon approval by Governor and Executive Council through June 30, 2008, with one (1) option to renew for a period of up to two (2) years upon mutual agreement by the NH Department of Corrections and the vendor and after approval by the Governor and Executive Council.
  16. Upon agreement of the NH Department of Corrections and the vendor, additional equipment and/or other buildings/facilities belonging to the NH Department of Corrections may be added to the contract for the same price rates.
  17. The contractor must furnish their own tools necessary to complete the test and Repairs.

**Exhibit B**  
Estimated Budget/Method of Payment  
Page 1 of 5

1. The annual vendor's cost for inspection and testing of sprinkler systems, deluge valve testing standpipe hose stations, fire hydrants and water tanks per NFPA – 25.

Price for Services

NH State Prison for Men/Concord

1.1	Hydrants	_____
1.2	Fire year hydrant flushing	_____
1.3	Sprinkler Inspection	_____
1.4	Deluge Valve Testing	_____
1.5	Total add 1.1 – 1.4	\$ _____

NH Department of Corrections (DOC) Warehouse

1.6	Hydrants	_____
1.7	Fire year hydrant flushing	_____
1.8	Sprinkler Inspection	_____
1.9	Total add 1.6 – 1.8	\$ _____

Shea Farm

1.10	Sprinkler Inspection	_____
1.11	Total add 1.10	\$ _____

Calumet House

1.12	Sprinkler Inspection	_____
1.13	Total add 1.12	\$ _____

NH State Prison for Women/Goffstown

1.14	Hydrants	_____
1.15	Five year hydrant flushing	_____

**Exhibit B**  
Estimated Budget/Method of Payment  
Page 2 of 5

Price for Services

1.16 Sprinkler Inspection \_\_\_\_\_

1.17 Total add 1.14 – 1.16 \$ \_\_\_\_\_

Lakes Region Facility

1.18 Hydrants \_\_\_\_\_

1.19 Five year hydrant flushing \_\_\_\_\_

1.20 Sprinkler Inspection \_\_\_\_\_

1.21 Water Tanks \_\_\_\_\_

1.22 Total add 1.18 – 1.21 \$ \_\_\_\_\_

North End House

1.23 Sprinkler Inspections \_\_\_\_\_

1.24 Total add 1.23 \$ \_\_\_\_\_

Northern NH Correctional Facility

1.25 Hydrants \_\_\_\_\_

1.26 Five year hydrant flushing \_\_\_\_\_

1.27 Sprinkler Inspections \_\_\_\_\_

1.28 Deluge Valves \_\_\_\_\_

1.29 Water Tanks \_\_\_\_\_

1.30 Total add 1.25 – 1.29 \$ \_\_\_\_\_

1.31 Cost for One (1) year. Add lines  
1.5, 1.9, 1.11, 1.13, 1.17, 1.22,  
1.24, 1.30 \$ \_\_\_\_\_

**Exhibit B**  
Estimated Budget/Method of Payment  
Page 3 of 5

2. Hourly rate for unscheduled calls for the services are as follows. Rate must indicate one price per team. A team is two or more people. Prior approval is required by the Plant Engineer or designee whenever a team is needed.

The contractor needs to provide their normal work schedule:

Monday through Friday \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

		Price per hour	Estimated # of hours	Total
2.1	Charge per hour per person	_____	X 176	_____
2.2	Charge per hour per team	_____	X 48	_____
2.3	Charge per hour per person for overtime	_____	X 48	_____
2.4	Charge per hour per team for overtime	_____	X 48	_____
2.5	Cost for one (1) year add lines 2.1 – 2.4		\$ _____	

a.

Location	# Hrs/ Person	# Hrs/ Team	# Hrs/Person Overtime	# Hrs/Team Overtime
NHSP/Men	56	16	12	16
NHDOC Warehouse	16	-	4	-
Shea Farm	8	-	4	-
Calumet House	8	-	4	-
North End House	8	-	4	-
NHSP/Women	8	8	8	8
Lakes Region Facility	48	16	16	16
North Country Facility	24	8	8	8

**Exhibit B**  
Estimated Budget/Method of Payment  
Page 4 of 5

3. Charge for travel time and mileage per round trip for only unscheduled service calls. The NH Department of Corrections will not pay for travel time for scheduled calls.

		<u>Cost/Trip</u>		<u>Total Cost/Trip</u>
3.1	Concord	_____	X 17	_____
3.2	Berlin	_____	X 6	_____
3.3	Laconia	_____	X 12	_____
3.4	Goffstown/Manchester	_____	X 5	_____
3.5	Cost for one (1) year add lines 3.1 – 3.4		\$	_____

The NH Department of Corrections will pay from Contractor's place of business to NHDOC facilities for unscheduled service calls. The NH Department of Corrections will pay for actual time worked at 15-minute increments. A scheduled call is when the contractor is doing inspections and testing. The Department will not pay for travel time for scheduled calls.

4. The Contractor needs to supply the cost and percentage for all materials that are required to maintain and repair the fire extinguisher/range guard system. (fill out the following schedule – use the following schedule – use the dollar amount in the “*Contractor's Cost for Parts (estimated)*” column for your calculations).

	Contractor's Cost Range Categories for Parts	Contractor's Cost for Parts (estimated)	Percentage Over Contractor's Cost for Parts	Total Cost Plus Percentage Over Contractor's Cost
4.1	\$0 - \$499.99	Parts @ \$450.00		
4.2	\$500.00 - \$999.99	Parts @ \$900.00		
4.3	\$1,000.00 and over	Parts @ \$2,500.00		

4.4 Cost for one (1) year add lines 4.1 – 4.3 \$ \_\_\_\_\_

The Contractor's invoice to the State shall contain both their cost, mark up, and be accompanied by their Vendor's Cost invoice, except for items under \$25.

**Exhibit B**  
Estimated Budget/Method of Payment  
Page 5 of 5

5. This is a two (2) year contract, which begins July 1, 2006, or, upon the date of approval by the Governor and Executive Council, whichever is later, through June 30, 2008.
  - 5.1 Total cost for one (1) year add lines 1.30, 2.5, 3.5 and 4.4 \$ \_\_\_\_\_
  - 5.2 Total cost for two (2) year contract multiply line 5.1 x 2 \$ \_\_\_\_\_
6. Due dates for monthly invoices will be the 15<sup>th</sup> of the month following the month in which services are provided.
7. All invoices will be sent to Administrator of Services, NH State Prison for Men, PO Box 14, Concord, NH 03301, for approval before payment will be issued.
8. Within thirty days of approval of said invoice by the NHDOC, the department shall reimburse the Contractor the amount of the Contractor's approved invoice.
9. The NH Department of Corrections may make adjustments of the payment amount and/or suspension of payments if the following occur: The monthly invoice is not submitted in accordance with the instructions established by the NHDOC.



**Exhibit C**  
Special Provisions  
Page 1 of 1

1. Any failure of the contractor to meet the requirements of this contract shall constitute an event of default and provide justification for the NH Department of Corrections, acting for the State of New Hampshire, to immediately terminate said contract.
2. Upon agreement of both parties and upon approval from the Governor and Executive Council of the State of NH additional equipment and/or other facilities belonging to the NH Department of Corrections may be added to the contract.
3. Under Item 14.1.2 fire and extended coverage covering all property subject to subparagraph 9.2 of these General Provisions in the amount of \$2,000,000 of the property.
4. With the return of this RFP, the Contractor shall furnish a "Certificate of Insurance" in compliance with Sections 14 Insurance and Bond, as outlined in the Agreement – General Provisions. The Certificate of Insurance must designate the NH Department of Corrections, PO Box 1806, Concord, NH 03302-1806, as a Certificate Holder on the form to be accepted by the State of NH.
5. Failure to meet the requirements of the contract by the contracted vendor will automatically grant approval for the NH Department of Corrections to hire another contractor to complete services at the contracted vendor's expense.
6. The contractor will be responsible for providing the name, Date of Birth (DOB) and Social Security number of all employees the contractor plans to assign to work at the NH Department of Corrections facilities. The NHDOC will do a criminal record check on all prospective workers who might be assigned to work at any departmental facility. Anyone who is found to have a criminal record may not be allowed to work at these facilities. Names must be submitted to the Administrator of Services at least seven (7) days before work is scheduled to begin. Any new employees that are assigned to work at any NHDOC facility, the same rules apply for the duration of the contract.
7. The Contractor will follow the NH Department of Corrections *Rules of Conduct* and the *Administrative Rules* that follow.
8. Any and all tools, containers and vehicles the contractor needs to provide the required services must be inventoried and are subject to search by security staff before entering and leaving the facility.
9. This proposal must be signed on the Cover Sheet, Attachments 1-4 and the State Long Form Contract form P-37 by the officer authorized by the organization to obligate the contractor to the terms and conditions of this contract. Three (3) original signed proposals must be returned to the NHDOC before the final submission date and time as indicated in the Proposals Submission section of the RFP.
10. The original text and/or format of this Request for Proposals cannot be altered in any way. A signature to the Cover Sheet and the P-37 by the authorized official signifies that no alterations have been made to the original RFP.

Exhibit D  
Selection/Evaluation Process and Criteria  
Page 1 of 2

Proposals received from qualified Vendors will be evaluated on a 'Best Value' basis using the criteria identified in this section. The State expects to contract with one Vendor.

1. Proposal Receipt and Review

Proposals will be reviewed to initially determine if minimum submission requirements have been met. The review will verify that the proposal was received before the date and time specified, with the correct number of copies, the presence of all required signatures, and that the proposal is sufficiently responsive to the needs outlined in the Request for Proposals to permit a complete evaluation. Failure to meet minimum submission requirements will result in the proposal being rejected and not included in the evaluation process.

The State will select a group of personnel to act as an evaluation team. Upon receipt, the proposal information will be disclosed to the evaluation committee members only. The proposal will not be publicly opened.

The State reserves the right to waive any irregularities, minor deficiencies and informalities that it considers not material to the proposal.

The State may cancel the procurement and make no award, if that is determined to be in the State's best interest.

2. Evaluation Criteria

Proposals will be evaluated based upon the proven ability of the respondent to satisfy the requirements of this Request in a cost-effective manner. Specific criteria are:

- Technical Experience Required
- Pricing

3. Public Disclosure

RSA 21-I:13-a, II provides, in part, that no information shall be made available to the public concerning invitations or proposals for public bids (RFPs/RFBs) from the time the RFP is made public until a contract is actually awarded in order to protect the integrity of the (competitive) public bidding process. Accordingly, the State has determined that information contained in proposals submitted in response to any RFP shall not be released to the public until the Governor and Executive Council of the State of New Hampshire approve a contract. At that time, all proposals will be disclosed (made available) to the public to the extent required by the statutes governing access to public records and meetings, RSA Ch. 91-A.

Awards will be made to the responsive Vendor(s) whose proposal(s) are deemed to be the most advantageous to the State, taking into consideration all evaluation factors.

Proposals will be made available to the public after all discussions, negotiations, final awards have been made and after Governor and Executive Council approval. The NH Department of Corrections reserves the right to reject any and all proposals submitted in response to this RFP.

Exhibit D  
Selection/Evaluation Process and Criteria  
Page 2 of 2

4. Selections, Notification, and Award of Contract

Although proposals may be accepted and a contract awarded without discussion, the State may initiate discussions should clarification or negotiation become necessary. These discussions will usually be limited to all acceptable proposals but may also be extended to the potentially acceptable proposals. Vendors shall be prepared to send qualified personnel to discuss technical and contractual aspects of the proposal.

- 4.1. If the Department of Corrections awards a contract relative to this Request for Proposals, a letter shall advise the successful Vendor(s). Public announcements or news releases pertaining to any contract awarded shall not be made without the written permission of the NH Department of Corrections.

5. Best Interest of the State

If NHDOC determines it is in the best interest of the State, it may seek a “*BEST AND FINAL OFFER*” from Vendors submitting acceptable and /or potentially acceptable proposals. The “*BEST AND FINAL OFFER*” would provide a Vendor the opportunity to amend or change its original proposal to make it more acceptable to the State. NHDOC reserves the right to exercise this option.

N.H. DEPARTMENT OF CORRECTIONS  
RULES OF CONDUCT FOR PERSONS PROVIDING CONTRACT SERVICES

1. Engaging in any of the following activities with persons under departmental control is strictly prohibited:
  - a. Any contact, including correspondence, other than in the performance of your services for which you have been contracted.
  - b. Giving or selling of anything
  - c. Accepting or buying anything
2. Any person providing contract services who is found to be under the influence of intoxicants or drugs will be removed from facility grounds and barred from future entry to Department of Corrections property.
3. Possession of any item considered to be contraband as defined in the New Hampshire code of Administrative Rules, COR 307 is a violation of the rules and the laws of the State of New Hampshire and may result in legal action under RSA 622:24 or other statutes.
4. In the event of any emergency situation, i.e., fire, disturbance, etc., you will follow the instructions of the escorting staff or report immediately to the closest available staff.
5. All rules, regulations and policies of the Department are designed for the safety of the staff, visitors and residents, the security of the facility and an orderly flow of necessary movement and activities. If unsure of any policy and procedure, ask for assistance from a staff member before advancing any further.
6. Harassment and discrimination directed toward anyone based on sex, race, creed, color, national origin or age are illegal under federal and state laws and will not be tolerated in the work place. Maintenance of a discriminatory work environment is also prohibited. Everyone has a duty to observe the law and will be subject to removal for failing to do so.
7. During the performance of your services you are responsible to the facility administrator, and by your signature below, agree that your organization will abide by all the rules, regulations, policies and procedures of the Department of Corrections and the State of New Hampshire.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

N.H. DEPARTMENT OF CORRECTIONS  
ADMINISTRATIVE RULES

COR 307 Items Considered Contraband. Contraband shall consist of:

- (a) Any substance or item whose possession is unlawful for the person or the general public possessing it including but not limited to:
  - (1) narcotics
  - (2) controlled drugs or
  - (3) automatic or concealed weapons possessed by those not licensed to have them.
- (b) Any firearm, simulated firearm, or device designed to propel or guide a projectile against a person, animal or target.
- (c) Any bullets, cartridges, projectiles or similar items designed to be projected against a person, animal or target.
- (d) Any explosive device, bomb, grenade, dynamite or dynamite cap or detonating device including primers, primer cord, explosive powder or similar items or simulations of these items.
- (e) Any drug item, whether medically prescribed or not, in excess of a one day supply or in such quantities that a person would suffer intoxication or illness if the entire available quantity were consumed alone or in combination with other available substances.
- (f) Any intoxicating beverage.
- (g) Sums of money or negotiable instruments in excess of \$100.00.
- (h) Lock-picking kits or tools or instruments on picking locks, making keys or obtaining surreptitious entry or exit
- (i) The following types of items in the possession of an individual who is not in a vehicle, but shall not be contraband stored in a secured vehicle:
  - (1) knives and knife-like weapons
  - (2) clubs and club-like weapons
  - (3) maps of the prison vicinity or sketches or drawings or pictorial representations of the facilities, its grounds or its vicinity
  - (4) pornography or pictures of visitors or prospective visitors undressed
  - (5) radios capable of monitoring or transmitting on the police band in the possession of other than law enforcement officials
  - (6) identification documents, licenses and credentials not in the possession of the person to whom properly issued.
  - (7) ropes, saws, grappling hooks, fishing line, masks, artificial beards or mustaches, cutting wheels or string rope or line impregnated with cutting material or similar items to facilitate escapes.
  - (8) balloons, condoms, false-bottomed containers or other containers which could facilitate transfer of contraband.

COR 307.02 Contraband on NHDOC grounds is prohibited. The possession, transport, introduction, use, sale or storage of contraband on the prison grounds without prior approval of the commissioner of corrections or his designee is prohibited under the provision of RSA 622:24 and RSA 622:25.

COR 307.03 Searches and Inspections Authorized.

- (a) Any person or property on state prison grounds shall be subject to search to discover contraband...

Travel onto prison grounds shall constitute implied consent to search for contraband. In such cases where implied consent exists, the visitor will be given a choice of either consenting to the search or immediately leaving the prison grounds. Nothing in this rule however, prevents non-consensual searches in situations where probable cause exists to believe that the visitor is or had attempted to introduce contraband into the prison pursuant to the law of New Hampshire concerning search, seizure and arrest.

- (b) All motor vehicles parked on prison grounds shall be locked and have the keys removed. Custodial personnel shall check to insure that vehicles are locked and shall visually inspect the plain-view interior of the vehicles. Vehicles discovered unlocked shall be searched to insure that no contraband is present. Contraband discovered during searches shall be confiscated for evidence, as shall contraband discovered during plain-view inspections.

- (c) All persons entering the facilities to visit with residents or staff, or to perform services at the facilities or to tour the facilities shall be subject to having their persons checked... All items and clothing carried into the institution... shall be searched for contraband.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

N.H. DEPARTMENT OF CORRECTIONS  
CONFIDENTIALITY OF INFORMATION AGREEMENT

I understand and agree that I and/or all employed by the organization I represent must abide by all rules, regulations and laws of the State of New Hampshire and the NH Department of Corrections that relate to the confidentiality of records and all other privileged information.

I further agree that I and/or all employed by or subcontracted through the organization I represent are not to discuss any confidential or privileged information with family, friends or any persons not professionally involved with the NH Department of Corrections. If inmates or residents of the NH Department of Corrections, or, anyone outside of the NH Department of Corrections' employ approaches any of the our organization's employees or subcontractors and requests information, the staff/employees of the organization I represent will immediately contact their supervisor, notify the NH DOC, and file an incident report or statement report with the appropriate NH DOC representative.

Any violation of the above may result in immediate termination of any and all contractual obligations.

_____ Name	_____ Signature	_____ Date
_____ Witness Name	_____ Signature	_____ Date

CERTIFICATE OF AUTHORITY  
WITH SEAL  
(Corporation)

I, \_\_\_\_\_, do hereby certify  
(Name of Clerk of the Corporation, can not be the one who signed the contract) that:

1. I am a duly elected Clerk of \_\_\_\_\_.  
(the Corporation)
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the Corporation duly held on \_\_\_\_\_.  
(date given authority)

RESOLVED: That this Corporation enter into a contract with the State of New Hampshire, acting through its Department of Corrections, for the provision of \_\_\_\_\_ services.

RESOLVED: That the \_\_\_\_\_  
(Title of the one who signed the contract)  
is hereby authorized on behalf of this Corporation to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The foregoing resolutions have not been amended or revoked, and remain in full force and effect as of \_\_\_\_\_.  
(today's date)
4. \_\_\_\_\_ is the duly elected  
(Name of one who signed contract)  
\_\_\_\_\_ of the  
Corporation. (Title of one who signed the contract)

\_\_\_\_\_  
Signature of the Clerk of the Corporation

(CORPORATE SEAL)



CERTIFICATE OF AUTHORITY  
(Sole Proprietor)

I, \_\_\_\_\_, as a Sole Owner of my Business, \_\_\_\_\_  
certify that I am authorized to enter into a contract with the State of New Hampshire, Department  
of Corrections on behalf of myself.

IN WITNESS WHEREOF, I have set my hand as the Sole Owner of the Business this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Sole Owner

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_  
\_\_\_\_\_ the undersigned Officer, personally appeared \_\_\_\_\_,  
who acknowledge her/himself to be the Sole Owner, of \_\_\_\_\_, a  
Business, and that she/he, as such Sole Owner being authorized to do so, executed the foregoing  
instrument for the purposes therein contained, by signing the name of the Business by  
her/himself as \_\_\_\_\_.

IN WITNESS WHEREOF I hereunto set my hand and official seal.

(OFFICIAL SEAL)

\_\_\_\_\_  
Notary Public / Justice of the Peace

My Commission Expires: \_\_\_\_\_

CERTIFICATE  
(Partnership)

I, \_\_\_\_\_, a Principle of \_\_\_\_\_, do hereby certify that:

1. I am a Principle of \_\_\_\_\_, a partnership (the "Partnership") and Partner-in-Charge of the \_\_\_\_\_ Office of the Partnership;
2. I maintain and have custody of a copy of the Partnership Agreement of the Partnership and a list of the General Partners and Principles of the Partnership assigned to the \_\_\_\_\_ Office;
3. I am duly authorized to issue certificates with respect to such Partnership Agreements and such General Partners and Principals;
4. I have attached hereto as Certificate, Attachment 5c, a true, accurate and complete excerpt of the relevant provision of the Partnership Agreement of the Partnership setting forth the authority of a Principal of the Partnership to enter into and sign agreements in the name of and on behalf of the Partnership;
5. \_\_\_\_\_, is on the date hereof, and since or before \_\_\_\_\_, 20 \_\_\_\_ has been, a Principal of the Partnership as referred to in Certificate Exhibit A attached hereto;
6. As a Principal of the Partnership she/he is fully authorized on behalf of and in the name of the Partnership to enter into and to take any and all actions to execute, acknowledge and deliver the contract with the State of New Hampshire, acting through the Department of Corrections, Division of Administration, providing for the performance by the Partnership of certain \_\_\_\_\_ services, and any and all documents, agreements and other instruments (and any amendments, revisions, or modifications thereto) as she/he may deem necessary, desirable or appropriate to accomplish the same;
7. The signature of \_\_\_\_\_, as Principal of the Partnership affixed to any instrument or document described in or contemplated by the preceding paragraph shall be exclusive evidence of the authority of said Principal to bind the Partnership thereby;
8. The excerpt of the Partnership Agreement of the Partnership attached as Certificate Exhibit A has not been revoked, annulled, or amended in any manner whatsoever and remains in full force and effect as of the date hereof;

9. The following persons, whose signatures appear below, have been duly appointed or assigned to and now occupy the positions indicated below in the Partnership:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title

10. IN WITNESS WHEREOF, I have hereunto set my hand as a Principal of the Partnership this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

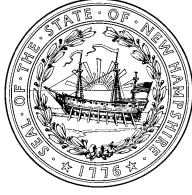
On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me,  
\_\_\_\_\_, the undersigned Officer, personally appeared  
\_\_\_\_\_, who acknowledged her/himself to be the  
\_\_\_\_\_, of \_\_\_\_\_, a  
corporation, and that she/he, as such \_\_\_\_\_ being authorized to do  
so, executed the foregoing instrument for the purposes therein contained, by signing the name of  
the corporation by her/himself as \_\_\_\_\_.

IN WITNESS WHEREOF I hereunto set my hand and official seal.

(OFFICIAL SEAL)

\_\_\_\_\_  
Notary Public / Justice of the Peace

My Commission Expires: \_\_\_\_\_



**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF CORRECTIONS  
DIVISION OF ADMINISTRATION**

**P.O. BOX 1806  
CONCORD, NH 03302-1806  
603-271-5610 FAX: 603-271-5639  
TDD Access: 1-800-735-2964**

**William L. Wrenn  
Commissioner**

**Bob Mullen  
Director**

**Alternate W-9 Form Instructions:**

To establish your company as a Vendor for the State of New Hampshire, an "Alternate W-9" form is required. This form is for IRS purposes. The following information may help you in completing this form.

Individuals and sole proprietors must use their social security number in combination with their name, while partnerships and corporations must use their Federal Identification Number in combination with their company name. A Company is not automatically a corporation – be sure of your status before completing this form. In all cases, the information in our files should reflect the same information you use to file your annual federal tax return.

Please return the completed "Alternate W-9" form to:

NH Department of Corrections  
Attn: Contract Administrator  
PO Box 1806  
Concord, NH 03302-1806

Or the form may be faxed to: (603) 271-5639.

If you have any questions, please call (603) 271-5130.

Thank you for your assistance with this matter, and we look forward to many years of doing business with your company.

Sincerely,

*Keith T. Ridings*

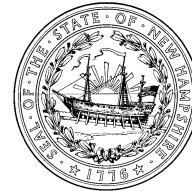
Keith Ridings  
Contract and Grant Administrator  
NH Department of Corrections



STATE OF NEW HAMPSHIRE

ALTERNATE W-9 FORM

PAYER'S REQUEST FOR TAXPAYER  
IDENTIFICATION NUMBER & CERTIFICATION



PLEASE USE THIS FORM TO PROVIDE THE REQUESTED  
INFORMATION

Pursuant to IRS Regulations, you must furnish your Taxpayer Identification Number (TIN) to the State whether or not you are required to file tax returns. If this number is not provided, you may be subject to a 31% withholding on each payment made to you. To avoid this 31% withholding & to ensure that accurate tax information is reported to the IRS, A RESPONSE IS REQUIRED.

If a service provider is a part of a GROUP PRACTICE, it is the group name & TIN which is required on this Alternate W-9. If the service provider is a SOLE PROPRIETOR, it is the individual name & TIN which is required on this Alternate W-9.

NAME: \_\_\_\_\_

ADD'L or D/B/A NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TAXPAYER IDENTIFICATION NUMBER (TIN) as used on IRS tax return.

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EIN/FIN \_\_\_\_\_ - \_\_\_\_\_

PRINCIPAL ACTIVITY (select only ONE).

☐ Service Provider ☐ Product/Merchandise Provider ☐ Other Provider

List principal type of service product or other you provide:

DESIGNATION (select ALL which apply to you/your organization).

☐ Individual ☐ Government ☐ Personal Service Corporation  
☐ Sole Proprietor ☐ Estate or Trust ☐ Health Care Provider  
☐ Partnership ☐ Corporation ☐ Non-Profit (attach copy of exemption)

*Under penalty of perjury, I declare that the information provided is true, correct & complete, to the best of my knowledge or belief.*

NAME & TITLE (print or type) \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE RETURN WHEN COMPLETED TO: NH DEPT OF CORRECTIONS

On the next page (Form P-37)  
only execute the **shaded** sections.  
*Do Not* execute any other part of  
the document.

Subject: The Provision of: Sprinkler System Services

# AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

## GENERAL PROVISIONS

### 1. Identification and Definitions

1.1 State Agency Name NH Department of Corrections		1.2 State Agency Address 105 Pleasant St. Concord, NH 03301	
1.3 Contractor Name		1.4 Contractor Address	
1.5 Account No.	1.6 Completion Date	1.7 Audit Date N/A	1.8 Price Limitation \$
1.9 Contracting Officer for State Agency William L. Wrenn, Commissioner		1.10 State Agency Telephone Number 1-603-271-5603	
1.11 Contractor Signature		1.12 Name & Title of Contractor Signor	
1.13 Acknowledgment: State of _____, County of _____, On _____ (DATE), before the undersigned officer, personally appeared the person identified in block 1.12., or satisfactorily proven to be the person whose name is signed in block 1.11., and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace  [Seal]			
1.13.2 Name & Title of Notary Public or Justice of the Peace			
1.14 State Agency Signature(s)		1.15 Name/Title of State Agency Signor(s)  William L. Wrenn, Commissioner	
1.16 Approval by Department of Personnel (Rate of Compensation for Individual Consultants)  By: _____ Director, _____ On: _____			
1.17 Approval by Attorney General (Form, Substance and Execution)  By: _____ Assistant Attorney General, _____ On: _____			
1.18 Approval by the Governor and Council  By: _____ On: _____			
2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("the State"), engages contractor identified in block 1.3 ("the Contractor") to perform, and the Contractor shall perform, that work or sale of goods, or both, identified and more particularly described in EXHIBIT A incorporated herein ("the Services").			
3. EFFECTIVE DATE: COMPLETION OF SERVICES. 3.1 This agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Council of the State of New Hampshire approve this agreement, ("the Effective Date"). 3.2 If the date for commencement in Exhibit A precedes the Effective Date all services performed by Contractor between the commencement date and the Effective Date shall be performed at the sole risk of the contractor and in the event that this Agreement does not become effective, the State shall be under no obligation to pay the contractor for any costs incurred or services performed; however that if this Agreement becomes effective all costs incurred prior to the effective date shall be paid under the terms of this Agreement. All services must be completed by the date specified in block 1.6.			
4. CONDITIONAL NATURE OF AGREEMENT. Notwithstanding anything in this agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of those funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the account identified in block 1.5 in the event funds in that account are reduced or unavailable.			

**CONTRACT PRICE: LIMITATION ON PRICE: PAYMENT.**

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in Exhibit B, incorporated herein.

5.2 The payment by the State of the contract price shall be the only, and the complete, reimbursement to the Contractor for all expenses, of whatever nature, incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by RSA 80:7 through 7-C or any other provision of law.

5.4 Notwithstanding anything in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made, hereunder exceed the price limitation set forth in block 1.8 of these general provisions.

**6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS: EQUAL EMPLOYMENT OPPORTUNITY.**

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to civil rights and equal opportunity laws. In addition, the Vendor shall comply with all applicable copyright laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap or national origin and will take affirmative action to prevent such discrimination.

6.3 If this agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States, access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants and conditions of this Agreement.

**7. PERSONNEL**

7.1 The performance of the Services shall be carried out by employees of the Contractor. The Contractor shall at its own expense, provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 The Contractor shall not hire, and shall permit no subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services, to hire any person who has a contractual relationship with the State, or who is a State officer or employee, elected or appointed.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final.

**8. EVENT OF DEFAULT, REMEDIES.**

8.1 Anyone or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Events of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule; or

8.1.2 failure to submit any report required hereunder; or

8.1.3 failure to perform any other covenant or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this agreement, effective two (2) days after giving the Contractor notice of termination; and

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the Contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor; and

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and

8.2.4 treat the agreement as breached and pursue any of its remedies at law or in equity, or both.

**9. DATA: ACCESS; CONFIDENTIALITY; PRESERVATION.**

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed

by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 On and after the Effective Date, all data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by RSA 91-A or other existing law. Disclosure pursuant to a right to know request shall require prior written approval of the State.

10. **TERMINATION.** In the event of an early termination of this Agreement for any reason other than the completion to the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("the Termination Report") describing in detail all Services performed, and the Contract Price earned, to and including the date of termination. To the extent possible, the form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in EXHIBIT A.

11. **CONTRACTOR'S RELATION TO THE STATE.** In the performance of this agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, worker's compensation or other emoluments provided by the State to its employees.

12. **ASSIGNMENT, DELEGATION AND SUBCONTRACTS.** The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the State. None of the Services shall be delegated or subcontracted by the Contractor without the prior written consent of the State.

13. **INDEMNIFICATION.** The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or

on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant shall survive the termination of this Agreement.

**14. INSURANCE AND BOND.**

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, both for the benefit of the State, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per incident; and

14.1.2 fire and extended coverage insurance covering all property subject to subparagraph 9.2 of these general provisions, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 of this paragraph shall be the standard form employed in the State of New Hampshire, issued by underwriters acceptable to the State, and authorized to do business in the State of New Hampshire. Each policy shall contain a clause prohibiting cancellation or modifications of the policy earlier than 10 days after written notice thereof has been received by the State.

15. **WAIVER OF BREACH.** No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that event, or any subsequent Event. No express failure of any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other default on the part of the Contractor.

16. **NOTICE.** Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, above.

17. **AMENDMENT.** This agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Council of the State of New Hampshire.

18. **CONSTRUCTION OF AGREEMENT AND TERMS.** This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns.

19. **THIRD PARTIES.** The parties hereto do not intend to benefit any third parties and this agreement shall not be construed to confer any such benefit.

20. **SPECIAL PROVISIONS.** The additional provisions set forth in EXHIBIT C hereto are incorporated as part of this Agreement.

21. **ENTIRE AGREEMENT.** This agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understanding.



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